

Mail completed report to:
 California Department of Education
 Child Development and
 Nutrition Fiscal Services
 1430 N Street, Suite 2213
 Sacramento, CA 95814-5901

Report Month/Year

Fiscal Analyst

Contract Number

County

Vendor Code

Full Name of Contractor

Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Restricted Income Match Requirement			
County Maintenance of Effort (EC Section 8279)			
Other:			
Subtotal			
Interest Earned on Child Development Apportionment Payments			
Unrestricted Income Match Requirement			
Unrestricted Income: Other			
Total Revenue			

CALIFORNIA DEPARTMENT OF EDUCATION
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Report Month/Year

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Full Name of Contractor

Reimbursable Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Service and Other Operating Expenses			
6100/6200 Other Approved Capital Outlay			
6400 New Equipment (program-related)			
6500 Equipment Replacement (program-related)			
Depreciation or Use Allowance			
Indirect Costs (Include in Administrative Cost)			
Non-Reimbursable (State Use Only)			
Total Reimbursable Expenses			
Total Administrative Cost (included in section above)			

Approved Indirect Cost Rate:

Comments:

No Supplemental Revenue check this box and omit Page 3.

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Report Month/Year	<input type="text"/>	Contract Number	<input type="text"/>
Fiscal Analyst	<input type="text"/>	County	<input type="text"/>
		Vendor Code	<input type="text"/>

Full Name of Contractor

Supplemental Revenue	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Enhancement Funding			
Other:			
Total Supplemental Revenue			

Supplemental Expenses	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
1000 Certificated Salaries			
2000 Classified Salaries			
3000 Employee Benefits			
4000 Books and Supplies			
5000 Services and Other Operating Expenses			
6000 Other Approved Capital Outlay			
Depreciation or Use Allowance			
Indirect Costs			
Non-reimbursable Expenses 6100-6500 Non-reimbursable Capital Outlay			
Total Supplemental Expenses			

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Report Month/Year

Fiscal Analyst

Contract Number

County

Vendor Code

Full Name of Contractor

Summary	Cumulative Prior Period	Current Period	Cumulative Fiscal Year
Restricted Program Income			
Match Requirement Restricted Income			
Match Requirement Unrestricted Income			
Interest Earned on Apportionment Payments			
Total Reimbursable Expenses			
Total Administrative Cost			

I hereby certify that, to the best of my knowledge and belief, the information in this report is accurate and complete.

Signature of Contractor Designee (Original Signature Required) Date

Contractor Designee Email Contractor Designee Phone

Contractor Fiscal Contact Name and Title

Contractor Fiscal Contact Email Contractor Fiscal Contact Phone